



To: All HOME & CDBG Recipients
From: IHFA Community Development Department
Date: October 20, 2000
Re: Revised Financial Forms

Notice: FSP-00-13

This notice transmits the following revised forms:

- ◆ Indiana Housing Finance Authority Homeownership/Rental Housing Project Set-up Report;
- ◆ Indiana Housing Finance Authority Homeownership Completion Report;
- ◆ Indiana Housing Finance Authority Rental Completion Report;
- ◆ CHDO HOME Claim Voucher & Supplemental Form;
- ◆ HOME Claim Voucher & Supplemental Form; and
- ◆ CDBG Claim Voucher & Supplemental Form.

The revised claim vouchers can be used by any grantee; however, the forms must be used by those grantees that were awarded HOME or CDBG funds in calendar year 2000.

The enclosed forms are designed as Microsoft Word 97 for Windows document that automatically allows you to enter only pre-formatted cells. The forms are available to download from IHFA's Internet website at www.ai.org/ihfa, or are available upon request.

If you have questions regarding this correspondence, please contact your IHFA Compliance Specialist.

115 W. Washington St.
Suite, 1350, South Tower
Indianapolis, IN 46204

(317) 232-7777
(800) 872-0371
<http://www.state.in.us/ihfa>



**INDIANA HOUSING FINANCE AUTHORITY
HOMEOWNERSHIP/RENTAL HOUSING
PROJECT SET-UP REPORT**

Grant #:

Grant Expiration Date:

Date Form Completed:

Date of Construction Contract:

Name of Person Completing Form:

Phone #:

Fax #:

Date Entered Into IDIS:

UOG/CODE: _____

HUD Project #: _____

HUD Activity #: _____

Submit the following:	Submit the information to:	Check the Appropriate Box:	Type of Project:
(1) Exhibit B – Summary of Assisted Sites;	Indiana Housing Finance Authority	<input type="checkbox"/> Original Submission	<input type="checkbox"/> Rehab Only
(2) Exhibit C – Proforma;	ATTN: IDIS Specialist	<input type="checkbox"/> Ownership Transfer	<input type="checkbox"/> New Construction Only
(3) Exhibit J – Lead Form; and	115 West Washington St., 1350S	<input type="checkbox"/> Change Owner's Address	<input type="checkbox"/> Acquisition Only
(4) Clearance letter from DHPA.	Indianapolis, IN 46204	<input type="checkbox"/> Revision	<input type="checkbox"/> Acquisition & Rehabilitation
			<input type="checkbox"/> Acquisition & New Construction

PART A

Name of Grantee:	Grantee Tax ID #:	HOME/CDBG Funds for Project \$
		Total Estimated Cost of Project: \$

PART B: PROJECT INFORMATION (If rental, do not complete the owner information line, but do complete the address information)

Name of Owner:	Last Name:	First Name:	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
Street Address of Project:			
City:		State:	Zip Code:
		Indiana	

If Rental complete the following owner information:

Name of Owner:	Last Name:	First Name:	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
Street Address of Owner:			
City:	State:	Zip Code:	Phone Number (including area code):
	Indiana		

Type of Ownership (check one):	Total Units in Project Prior to Assistance:	Estimated Units Upon Completion:	Total HOME/CDBG Assisted Units Upon Completion:	County Code:
<input type="checkbox"/> Individual <input type="checkbox"/> Not-for-Profit				
<input type="checkbox"/> Partnership <input type="checkbox"/> Publicly-Owned				
<input type="checkbox"/> Corporation <input type="checkbox"/> Other				
Tenure Type:	Complete for CHDO Projects:		Enter the following code:	
<input type="checkbox"/> Rental	<input type="checkbox"/> Owned		U.S. Congressional District	
<input type="checkbox"/> Homeownership First-Time Buyer	<input type="checkbox"/> Sponsored		State Representative District	
<input type="checkbox"/> Homeownership Rehabilitation	<input type="checkbox"/> Developed		State Senate District	

Property Address:

[illegible]

INDIANA HOUSING FINANCE AUTHORITY HOMEOWNERSHIP COMPLETION REPORT

Grant #:

Grant Expiration Date:

UOG/CODE: _____

Date Form Completed:

HUD Project #: _____

Name of Person Completing Form:

Phone #:

HUD Activity #: _____

Fax #:

Date Entered Into IDIS:

Submit the following: (1) Exhibit C – Proforma (if homebuyer project); (2) Exhibit J – Match Log; (3) Exhibit K – Individual Site – Match Summary; and (4) Match Support Documentation	Submit the information to: Indiana Housing Finance Authority ATTN: IDIS Specialist 115 West Washington St., 1350S Indianapolis, IN 46204 If this is a homebuyer project, please submit the HUD 1 and appraisal.	Check the Appropriate Box: <input type="checkbox"/> Original Submission <input type="checkbox"/> Revision Type of Project: <input type="checkbox"/> 1-4 Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Cooperative <input type="checkbox"/> Manufactured Home	Type of Project: <input type="checkbox"/> Rehab Only <input type="checkbox"/> New Construction Only <input type="checkbox"/> Acquisition Only <input type="checkbox"/> Acquisition & Rehabilitation <input type="checkbox"/> Acquisition & New Construction Lease Purchase Project? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Grantee:			Grantee Tax ID #:

Name of Owner: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name:	First Name:	
Street Address of Project:			
City:		State: Indiana	Zip Code:

Project Costs

1. HOME funds (Complete appropriate items)	(1) Direct Loan (payments)	Annual Interest Rate %	Amortization Period Years	\$
	(2) Grant (program delivery & development subsidy)			\$
	(3) Deferred Payment Loan (DPL) (forgivable)	Annual Interest Rate %	Amortization Period Years	\$
	Total HOME Funds (Total lines 1 – 3)			\$
2. Public Funds	(1) Other Federal Funds		\$	
	(2) State/Local Appropriated Funds		\$	
	(3) State/Local Tax Exempt Bond Proceeds		\$	
	Total Public Funds (Total lines 1 – 3)			\$
3. Private Funds	(1) Private Loan Funds	Annual Interest Rate %	Amortization Period Years	\$
	(2) Owner Cash Contribution			\$
	(3) Private Grants			\$
	Total Private Funds (Total lines 1 – 3)			
4. HOME Program Income				\$
5. Total Project Costs (Total Lines 1 – 4)				\$

Name of Owner: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last Name:	First Name:	
Street Address of Project:			
City:		State: Indiana	Zip Code:

For Homebuyer Projects

Initial Purchase Price: \$

Appraised Value: \$

For Homeownership Projects

After Rehab Value: \$

Single Family Mortgage Limit: \$

Household Characteristics

[illegible]

INDIANA HOUSING FINANCE AUTHORITY RENTAL COMPLETION REPORT

Grant #:

Grant Expiration Date:

UOG/CODE: _____

Date Form Completed:

HUD Project #: _____

Name of Person Completing Form:

HUD Activity #: _____

Phone #:

Fax #:

Date Entered Into IDIS:

Submit the following: (1) Exhibit J – Match Log; (2) Exhibit K – Individual Site – Match Summary; and (3) Match Support Documentation	Submit the information to: Indiana Housing Finance Authority ATTN: IDIS Specialist 115 West Washington St., 1350S Indianapolis, IN 46204	Check the Appropriate Box: <input type="checkbox"/> Original Submission <input type="checkbox"/> Revision Type of Project: <input type="checkbox"/> 1-4 Single Family <input type="checkbox"/> Condominium <input type="checkbox"/> Cooperative <input type="checkbox"/> Manufactured Home	Type of Project: <input type="checkbox"/> Rehab Only <input type="checkbox"/> New Construction Only <input type="checkbox"/> Acquisition Only <input type="checkbox"/> Acquisition & Rehabilitation <input type="checkbox"/> Acquisition & New Construction Type of Loan: FHA # Units 504 Accessible?
Does the project have rent exception? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mixed Income Project? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mixed Use Project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Grantee:			Grantee Tax ID #:

Street Address of Project:		
City:	State: Indiana	Zip Code:

Project Costs

1. HOME funds (Complete appropriate items)	(1) Direct Loan (payments)	Annual Interest Rate %	Amortization Period Years	\$
	(2) Grant (program delivery & development subsidy)			\$
	(3) Deferred Payment Loan (DPL) (forgivable)	Annual Interest Rate %	Amortization Period Years	\$
	Total HOME Funds (Total lines 1 – 3)			\$
2. Public Funds	(1) Other Federal Funds			\$
	(2) State/Local Appropriated Funds			\$
	(3) State/Local Tax Exempt Bond Proceeds			\$
	Total Public Funds (Total lines 1 – 3)			\$
3. Private Funds	(1) Private Loan Funds	Annual Interest Rate %	Amortization Period Years	\$
	(2) Owner Cash Contribution			\$
	(3) Private Grants			\$
	Total Private Funds (Total lines 1 – 3)			\$
4. HOME Program Income				\$
5. Total Project Costs (Total Lines 1 – 4)				\$

Street Address of Project:		
City:	State: Indiana	Zip Code:

[illegible]

HOME CHDO CLAIM VOUCHER

Recipient _____ Grant Number _____

Address (City, State, Zip) _____

Contact Person _____ Phone Number _____

Grant Expiration Date _____ Date Requested _____ Draw Number _____

**** PLEASE REMEMBER TO ATTACH THE APPROPRIATE SUPPORT DOCUMENTATION**

Current Draw:	Budget Line Item	Current Budget	Previous Draws	Current Draw	Total Drawn	Balance to Draw
	CHDO Operating Costs	_____	_____	_____	_____ \$0.00	_____ \$0.00
	CHDO Project Costs	_____	_____	_____	_____ \$0.00	_____ \$0.00
	Developer Fee	_____	_____	_____	_____ \$0.00	_____ \$0.00
TOTAL		_____ \$0.00	_____ \$0.00	_____ \$0.00	_____ \$0.00	_____ \$0.00
	% of Operating Costs Drawn	_____ #DIV/0!			% of Project Costs Drawn	_____ #DIV/0!
					Maximum CHDO Operating Cost Draw	_____ \$0.00

Property Address Information:

Project Number	Address	Current Project Set-up Amount*	Previous Drawn	Current Draw	Balance to Draw
_____	_____	_____	_____	_____	_____ \$0.00
_____	_____	_____	_____	_____	_____ \$0.00
_____	_____	_____	_____	_____	_____ \$0.00
_____	_____	_____	_____	_____	_____ \$0.00
_____	_____	_____	_____	_____	_____ \$0.00
_____	_____	_____	_____	_____	_____ \$0.00

Match:

Total Amount Committed to Project	_____
Match Amount Expended to Date	_____
Match Balance	_____ \$0.00

I hereby certify that all information is stated herein, as well as any information provided in any accompaniment herewith, is true and accurate. **WARNING: HUD will prosecute false claims and statements. Conviction may result and/or civil penalties.**

Authorized Signature _____ Date _____

Supplemental Form - HOME CHDO Claim Voucher

PLEASE NOTE: FINAL DRAW ON AN INDIVIDUAL PROPERTY ADDRESS REQUIRES A LEAD FORM TO BE SUBMITTED

Property Address				Current Set-up Amount	\$0.00
	Current Amount Set-up	Previous Draws	Current Draw	Total Drawn	Balance to Draw
Project Costs				\$0.00	\$0.00
Develop Fee				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Property Address				Current Set-up Amount	\$0.00
	Current Amount Set-up	Previous Draws	Current Draw	Total Drawn	Balance to Draw
Project Costs				\$0.00	\$0.00
Develop Fee				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Property Address				Current Set-up Amount	\$0.00
	Current Amount Set-up	Previous Draws	Current Draw	Total Drawn	Balance to Draw
Project Costs				\$0.00	\$0.00
Develop Fee				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Property Address				Current Set-up Amount	\$0.00
	Current Amount Set-up	Previous Draws	Current Draw	Total Drawn	Balance to Draw
Project Costs				\$0.00	\$0.00
Develop Fee				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

HOME CLAIM VOUCHER
(Local Units of Government & Not for Profit Awards)

Recipient _____ Grant Number _____

Address (City, State, Zip) _____

Contact Person _____ Phone Number _____

Grant Expiration Date _____ Date Requested _____ Draw Number _____

**** PLEASE REMEMBER TO ATTACH THE APPROPRIATE SUPPORT DOCUMENTATION**

Current Draw:	Budget Line Item	Current Budget	Previous Draws	Current Draw	Total Drawn	Balance to Draw
	Administration	_____	_____	_____	\$0.00	\$0.00
	Environmental Review	_____	_____	_____	\$0.00	\$0.00
	Homeownership Counseling	_____	_____	_____	\$0.00	\$0.00
	Acquisition Only	_____	_____	_____	\$0.00	\$0.00
	Rehabilitation	_____	_____	_____	\$0.00	\$0.00
	New Construction	_____	_____	_____	\$0.00	\$0.00
	Downpayment Assistance	_____	_____	_____	\$0.00	\$0.00
	Program Delivery	_____	_____	_____	\$0.00	\$0.00
	Developer Fee	_____	_____	_____	\$0.00	\$0.00
TOTAL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	% of Project Costs Drawn		#DIV/0!			
% of Administration Costs Drawn		#DIV/0!	% of Program Delivery Costs Drawn		#DIV/0!	
Maximum Administration Draw		\$0.00	Maximum Program Delivery Draw		\$0.00	

Property Address Information:

Project Number	Address	Current Project Set-up Amount*	Previous Drawn	Current Draw	Balance to Draw
_____	_____	_____	_____	_____	\$0.00
_____	_____	_____	_____	_____	\$0.00
_____	_____	_____	_____	_____	\$0.00

Match:

Total Amount Committed to Project _____

Match Amount Expended to Date _____

Match Balance \$0.00

I hereby certify that all information is stated herein, as well as any information provided in any accompaniment herewith, is true and accurate. **WARNING: HUD will prosecute false claims and statements. Conviction may result and/or civil penalties.**

Authorized Signature _____

Date _____

Supplemental Form - HOME Claim Voucher

PLEASE NOTE: FINAL DRAW ON AN INDIVIDUAL PROPERTY ADDRESS REQUIRES A LEAD FORM TO BE SUBMITTED

Property Address				Current Set-up Amount	
	Current Amount Set-up	Previous Draws	Current Draw	Total Drawn	Balance to Draw
Acquisition Only				\$0.00	\$0.00
Rehabilitation				\$0.00	\$0.00
New Construction				\$0.00	\$0.00
Downpayment Assistance				\$0.00	\$0.00
Program Delivery				\$0.00	\$0.00
Developer Fee				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Property Address				Current Set-up Amount	
	Current Amount Set-up	Previous Draws	Current Draw	Total Drawn	Balance to Draw
Acquisition Only				\$0.00	\$0.00
Rehabilitation				\$0.00	\$0.00
New Construction				\$0.00	\$0.00
Downpayment Assistance				\$0.00	\$0.00
Program Delivery				\$0.00	\$0.00
Developer Fee				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Property Address				Current Set-up Amount	
	Current Amount Set-up	Previous Draws	Current Draw	Total Drawn	Balance to Draw
Acquisition Only				\$0.00	\$0.00
Rehabilitation				\$0.00	\$0.00
New Construction				\$0.00	\$0.00
Downpayment Assistance				\$0.00	\$0.00

Program Delivery	<u> </u>	<u> </u>	<u> </u>	<u> \$0.00 </u>	<u> \$0.00 </u>
Developer Fee	<u> </u>	<u> </u>	<u> </u>	<u> \$0.00 </u>	<u> \$0.00 </u>
Total	<u> \$0.00 </u>	<u> \$0.00 </u>	<u> \$0.00 </u>	<u> \$0.00 </u>	<u> \$0.00 </u>
<hr/>					

CLAIM – VOUCHER

State Form 11294 (R3/5-89)

Approved by State Board of Accounts, 1989

INSTRUCTIONS: This agency is requesting disclosure of your Social Security Number in accordance with I.C. 4-1-8.

VENDOR INFORMATION					AGENCY INFORMATION				
Document Number			Date (Month, Day, Year)		Agency Name				
Vendor Name					Agency Number				
Address (Number, Street)					Social Security Number or				
					Federal I.D. Number				
City, State and ZIP Code					Vendor Number				
----- AREA BELOW TO BE COMPLETED BY AGENCY -----									
DATE	AMOUNT	FUND	OBJECT	CENTER	LOAN-INV-NBR	QTY.	UNIT	DESCRIPTION	
GROSS AMOUNT: \$					Furnished to: (Name of State Agency) INDIANA HOUSING FINANCE AUTHORITY				
<i>I Certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.</i>									
Authorized Signature of State Agency					Date (Month, Day, Year)				
<i>Pursuant to the provisions and penalties of Indiana Code 5-11-10-1, I hereby certify that the foregoing Fund and Center is just and correct; that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.</i>									
Signature of Vendor					Date (Month, Day, Year)				

CDBG CLAIM VOUCHER

Recipient _____ Grant Number _____

Address (City, State, Zip) _____

Contact Person _____ Phone Number _____

Grant Expiration Date _____ Date Requested _____ Draw Number _____

**** PLEASE REMEMBER TO ATTACH THE APPROPRIATE SUPPORT DOCUMENTATION**

Current Draw:	Budget Line Item	Current Budget	Previous Draws	Current Draw	Total Drawn	Balance to Draw
	Administration	_____	_____	_____	\$0.00	\$0.00
	Environmental Review	_____	_____	_____	\$0.00	\$0.00
	Emergency Shelter/Transitional Housing Operations	_____	_____	_____	\$0.00	\$0.00
	Planning	_____	_____	_____	\$0.00	\$0.00
	Acquisition Only	_____	_____	_____	\$0.00	\$0.00
	Acquisition/Demolition	_____	_____	_____	\$0.00	\$0.00
	Emergency/Youth Shelter	_____	_____	_____	\$0.00	\$0.00
	Relocation	_____	_____	_____	\$0.00	\$0.00
	Rehabilitation	_____	_____	_____	\$0.00	\$0.00
	New Construction	_____	_____	_____	\$0.00	\$0.00
	Program Delivery	_____	_____	_____	\$0.00	\$0.00
TOTAL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

% of Project Costs Drawn

#DIV/0!

% of Administration Costs Drawn

#DIV/0!

% of Program Delivery Costs Drawn

#DIV/0!

Maximum Administration Draw

\$0.00

Maximum Program Delivery Draw

\$0.00

Property Address Information:

Project Number	Address	Current Project Set-up Amount*	Previous Drawn	Current Draw	Balance to Draw
_____	_____	_____	_____	_____	\$0.00
_____	_____	_____	_____	_____	\$0.00
_____	_____	_____	_____	_____	\$0.00
_____	_____	_____	_____	_____	\$0.00
_____	_____	_____	_____	_____	\$0.00

Match:

Total Amount Committed to Project

Match Amount Expended to Date

Match Balance

\$0.00

Supplemental Form - CDBG Claim Voucher

PLEASE NOTE: FINAL DRAW ON AN INDIVIDUAL PROPERTY ADDRESS REQUIRES A LEAD FORM TO BE SUBMITTED

Property Address				Current Set-up Amount	\$0.00
	Current Amount Set-up	Previous Draws	Current Draw	Total Drawn	Balance to Draw
Acquisition Only				\$0.00	\$0.00
Acquisition/Demolition				\$0.00	\$0.00
Emergency/Youth Shelter				\$0.00	\$0.00
Relocation				\$0.00	\$0.00
Rehabilitation				\$0.00	\$0.00
New Construction				\$0.00	\$0.00
Program Delivery				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Property Address				Current Set-up Amount	\$0.00
	Current Amount Set-up	Previous Draws	Current Draw	Total Drawn	Balance to Draw
Acquisition Only				\$0.00	\$0.00
Acquisition/Demolition				\$0.00	\$0.00
Emergency/Youth Shelter				\$0.00	\$0.00
Relocation				\$0.00	\$0.00
Rehabilitation				\$0.00	\$0.00
New Construction				\$0.00	\$0.00
Program Delivery				\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00